



## STOP Annual Report Form Court Services

Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contract Number: \_\_\_\_\_

**Reporting Period:** January 1– December 31

**Report Due Date:** January 15

**A. Indicate the number of victims served by your STOP funded project during this project period.** *Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.*

|   |                             |
|---|-----------------------------|
| _____ Adults Molested as Children               | _____ Stalking              |
| _____ Domestic Violence                         | _____ Assault               |
| _____ Women _____ Children                      |                             |
| _____ Adult Sexual Assault                      | _____ Other (specify) _____ |
| _____ Elder Abuse                               |                             |
| _____ Total number served by this STOP project. |                             |

**B. Indicate the number of victims served in the following categories.**

\_\_\_\_\_ Child (must be in conjunction with services provided to the mother of the child )  
\_\_\_\_\_ Elderly \_\_\_\_\_ Disabled/Handicapped \_\_\_\_\_ Native Americans \_\_\_\_\_ Minorities

**C. Indicate the number of victims who received the following services through this STOP funded project.** *Please see the instructions for definitions of each service.*

|  |   |   |
|--|---|---|
| _____ Crisis Counseling ( <i>In Person</i> ) | _____ Follow-up   | _____ Information/Referral ( <i>In Person</i> ) |
| _____ Criminal Justice Support/Advocacy      | _____ Emergency Legal Advocacy<br>( <i>Orders of Protection</i> ) | _____ Telephone Contact<br>Information/Referral |
| _____ Assistance Filing Compensation Claims  | _____ Personal Advocacy   |   |
| _____ Translation Services                   | _____ Other (specify) _____                                       |   |

For the following sections, please provide as much information as possible. Attach additional sheets if necessary.

**D. Complete the following information as it relates to any special training received by staff or volunteers through this STOP project.**

| <b>Staff Member</b><br><i>(who attended the training)</i> | <b>Title of Training Session or Conference</b> | <b>Date(s) of the Training</b> | <b>Duration</b><br><i>(hours, days, etc.)</i> | <b>Location of Training</b> |
|---|--|--------------------------------|---|-----------------------------|
|   |  |                                |   |                             |
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|   |  |                                |   |                             |

**E. Complete the following information as it relates to any special training or public awareness presentations provided by your agency through this STOP project.**

| <b>Presenter(s)</b> | <b>Topic(s)</b> | <b>Date(s) of the Training</b> | <b>Duration</b><br><i>(hours, days, etc.)</i> | <b>Audience</b><br><i>(types of professionals in attendance)</i> | <b>Number in Attendance</b> |
|---------------------|-----------------|--------------------------------|---|--|-----------------------------|
|                     |                 |                                |   |  |                             |
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|                     |                 |                                |   |  |                             |

- F. Describe efforts to promote coordinated efforts within the community to aid crime victims and address crimes targeting women. Include information regarding the meetings of formal task force units, committees, etc. Include any needs assessments, program evaluations, training efforts, new protocol, policies, procedures, etc.**
- G. Describe any notable activities conducted to improve the delivery of victim services. These activities need to be related specifically to the STOP funded project and/or coordination of the STOP project.**
- H. Describe any notable activities aimed at educating the community regarding crimes committed against women, public awareness, and/or prevention.**

**I. Include and/or attach anecdotal information and individual case histories illustrating how STOP funds have been used to assist crime victims.**

**J. Identify any emerging issues or notable trends impacting crimes against women in your area.**

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Project Director

Date

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Authorized Official

Date